



COVENANT MICROFINANCE BANK LTD

Canaan Land, Ota, Ogun State.

COVENANT MICROFINANCE BANK LIMITED CUSTOMER'S SMS ALERT DATA FORM

Branch _____

Date _____

Customer's Data

Account Name: _____
Address: _____
Email: _____ Contact phone no: _____

Details of Account

Account name

Account number

1. _____
2. _____
3. _____
4. _____

- _____

You will receive alerts for the following events:

- a. Cheque lodgement outgoing b. Cheque lodgement incoming c. Withdrawals on savings account
d. Deposits on current accounts e. Cleared cheques f. Deposits to savings account
g. Returned cheques h. Withdrawals from current account
j. ATM Transactions k. i-bank transfers

please state the mobile phone number(s) (Zain, Glo, MTN or 9mobile) you wish to be linked to these account(s):

Mobile no: _____ / _____

Email 1. _____

2. _____

PLEASE NOTE THAT EACH ALERT COSTS #5 (FIVE NAIRA) ONLY

Declaration:

I/We certify that details furnished in this Application are correct I/We hereby request covenant Microfinance Bank Ltd to activate the service offered by the Bank (as listed above) with respect to events/transactions/information relating to my/our account(s) stated above.

I/we authorize the Bank to debit my account for charges related to the alert facility as determined by the Bank from time to time.

Authorized Signature & Date

Authorized Signature & Date

Authorized & Signature Date

For Bank use only:

Verified by (Name, Signature & stamp):

Approved by (Name, Signature & Date):

Effect by (Name, Signature & Date):

[Signature]



COVENANT MICROFINANCE BANK LTD
Canaan Land, Ota, Ogun State.

CUSTOMER ACCOUNT UPDATE FORM

Date DD MM YY YY YY

Type Of Account

Account Number

RELATIONSHIP: ACCOUNT OWNER (A) SIGNATORY (B) DIRECTOR C

1. PERSONAL INFORMATION DATA

Surname		First Name		Middle Name	
Sex	Male	Female	Mother's Maiden Name	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S	
			Spouse Name		
Date of Birth			BVN		

2. CONTACT INFORMATION

Residential Address:					
Landmark:					
Postal Address:					
LGA		State of Origin		Nationality	
Phone (Home)		Office		Mobile	
E-mail Address			SMS Alert	<input type="checkbox"/> Y	<input type="checkbox"/> N
Occupation		Employer's Name			

Employer's Address:

3. FORM OF IDENTIFICATION

National I.D.	Voters Card	International Passport		Drivers License	Others (Specify)
I.D. No	Place of Issuance	Date of Issuance		Expiry Date	

4. NEXT OF KIN INFORMATION

Name					
Address					
Relationship	Phone No				
Email:					

5. CERTIFICATION

I certify that the above particulars are true and correct

Customer's Signature	Date
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6. BANK OFFICIAL

Name	Signature	Date
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